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Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

RECEIVED	United States District Co Jrt	
	for the	
JUL 2 0 2022	District of	
BY MAIL	Division	
Plain (Write the full name of each plain If the names of all the plaintiffs of please write "see attached" in th page with the full list of names.)	annot fit in the space above, espace and attach an additional The attention of the space above and attach an additional The space and attach an additional	rica Tica
1 Caunty Caust 3	Jacitily Deptyoid the Sangamon County	Y
e Coverner of	115.B- Donald Trump-more Milly	1
och combell	Lynneran's Ferro, Brant summer	0
Defend Write the full name of each defender		3K

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerresulting from public access to electronic court files. Under this rule, papers filed with the court should not corain: an individual's full social security number or full birth date; the full name of a person known to be a mino; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievan e or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Address

I. The Parties to This Compla nt

A.	The	Plain	tiff(s)
-----------	-----	-------	---------

B.

Provide the informat needed. Name All other names		Haron Edwards
you have been k	own:	
ID Number Current Instituti		46352
Address	11	ONE SHELLIATS 121407
		Springfield III 6270 Zip Code
The Defendant(s)		
individual, a governi listed below are iden the person's job or ti	ent agency, an cal to those co	ach defendant named in the complaint, whether the defendant is an organization, or a corporation. Make sure that the defendant(s) ontained in the above caption. For an individual defendant, include check whether you are bringing this complaint against them in their ity, or both. Attach additional pages if needed.
Defendant No. 1 Name		Sack Cambell-Donald
Job or Title (if kr Shield Number	wn)	Trump-Mary Miller
Employer		CALLET SURLOS SANGAMON Country in
Address		My Police Defender William VI Springstield III 6270 City State Zip Code
		Individual capacity Official capacity
Defendant No. 2		
Name		My Attorny Coenceal Lynn
Job or Title (if k)	wn)	evans, Feno, Bryant, Summer
Shield Number		inthe Person whom is running
Employer		the Samanmen County Delever

Individual capacity Official capacity

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Defendant No. 3 Name Job or Title (if known) Shield Number Employer Address	Hooff Commissary network 3001 FOR Spring Manner County Shoroff Jacob Plaza Spring July 1911 6270 [Individual capacity Official capacity]
Defendant No. 4 Name Job or Title (if known) Shield Number Employer Address	SAMAMON County Shorts medical Department Spring field United States District Courten Illionis One Speciffs Plaza Spring Field III 62701 State Zip Code
immunities secured by the Constitution and	n)
B. Section 1983 allows claims alleging the Constitution and [federal laws]." federal constitutional or statutory right of the Country of the	the "deprivation of any rights, privileges, or immunities secured by 2 42 U.S.C. § 1983. If you are suing under section 1983, what the shifts of you claim is/are being violated by state or local officials? The shifts of the violation of pertain constitutional rights. If you utional right(s) do you claim is are being violated by federal

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	the country jail are bealing and killing
over a C	D. Section 1983 allows efendants to be found liable only when they have acted "under color of any statute, ordinance, re-ulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach: Iditional pages if needed.
5.Bt comy r	o Donald Trump to many mulen to my Jusel Polic Defender william Vig to they Attorney alin my case are having people tulled in histograf. Prisoner Status
	Indicate whether you are a pr soner or other confined person as follows (check all that apply):
	Pretrial detainee
	Civilly committed decainee
	Immigration detaine
	Convicted and sente ced state prisoner
	Convicted and sente ced federal prisoner
	Other (explain)
IV.	Statement of Claim
	State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more han one claim is asserted, number each claim and write a short and plain statement of each claim in a sparate paragraph. Attach additional pages if needed.
they u I American	A. If the events giving 1 se to your claim arose outside an institution, describe where and when they arose. On of the coefficient of the performance of the coefficient of the coeffic
stene	B. If the events giving, se to your claim arose in an institution, describe where and when they crose. Jack that Courty for the Work morely to the control of the court of th
houten	n on the commercial the conversor - 3 3 and Donald
nump	mary Miller Hill May court super 10 Date Page 4 of 111/100
Such	der William Vigin my Attorner General Archanicintuit

C. What date and approximate time did the events giving rise to your laim(s) occur? 3-3-4022 And 3-8-2022 be cause I was wrong full discharge from my emptory ment of the warment general manager Ben 315te2 monich and the warment.
man BALT WASNAVING SEX IN MYROOM 116th was with 1 have on My What are the facts underlying your claim(s)? (For example: What nappened to you? Who did what? Was anyong else involved? Who glse saw what happened?) I was 4 i read Arom my HU Salle Manage R was have ing Sex in my Room With Barrow and because Im a Black man 4 room MISS, 55, DI and Je asward of the color of my Shin in Iwas Called An isoperand Atlacked by Ben the general Wann U. Injuries
If you sustained injuries related to the events alleged above, describe your it uries and state what medical treatment, if any, you required and did not receive. Ben het my well her army Reng en My lettley And give me a Black eye and Broke my tooth on the walk side of may mouth thereof sheet and a coper of the your medical that sheet and alkad for sheep and the sheet sheet and that sheet was here and when the your letters sheet and the sheet and
State briefly what you want the court to do for you. Make no legal argumen. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages at 1/0x punitive damages claimed for the acts alleged. Explain the basis for these claims. I would when I want to work the acts alleged. Explain the basis for these claims. I would when I want to work the acts alleged. Explain the basis for these claims. I would when I want to work the acts alleged. Explain the basis for these claims. I would work the acts alleged. Explain the basis for these claims. I would be in a look when the standard want to be in a look when the standard want to be in a look when the standard want to be in a look when the standard want to be in a look when the standard want to be a look when the standard want to work the standard want to work when the standard want was a standard want was a standard want when the standard want was a standard want want was a standard wand want was a standard want was a standard want was a standard wa

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VII. Exhaustion of Administrativ Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other confectional facility until such administrative remedies as are available are exhausted."

Administrative remedies are a 30 known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) ari e while you were confined in a jail, prison, or other correctional facility?
	Yes
	☐ No
	If yes, name the jail, rison, or other correctional facility where you were confined at the time of the events giving rise to our claim(s).
	SARAmon County jail
B.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	☐ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of pour claims?
	Yes
	∐ No
	Do not know
	If yes, which claim(s?
	AII

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D.	Did you file a grievance in the jail, prison, or other correctional fac tity where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	□ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	□ No
E.	If you did file a grievance:
	1. Where did you file the grievance?

What did you claim in your grievance?

What was the result, if any?

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the his 'rest level of the grievance process.)

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	F.	If you did not file a g	ievance: Adid
			asons why you did not file a grievance, state them here:
			a grievance but you did inform officials of your claim, state who you informed, and their response, if any:
	G.	Please set forth any a remedies.	Iditional information that is relevant to the exhaustion of your administrative
		(Note: You may atta administrative remec	h as exhibits to this complaint any documents related to the exhaustion of your es.)
VIII.	Previou	s Lawsuits	
	the filing brought maliciou	g fee if that prisoner h an action or appeal in as, or fails to state a cl	prisoner from bringing a civil action or an appeal in federal court without paying s "on three or more prior occasions, while incarcerated or detained in any facility, a court of the United States that was dismissed on the grounds that it is frivolous, and upon which relief may be granted, unless the prisoner is under imminent sy." 28 U.S.C. § 1915(g).
	To the b	est of your knowledg	have you had a case dismissed based on this "three strikes rule"?
	Yes	S	
	No		
	If yes, s	tate which court dism	sed your case, when this occurred, and attach a copy of the order if possible.
	_		-

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imprisonment?

A.		we you filed other lawsuits in state or federal court dealing with the same facts involved in this ion?
		Yes
		No
		INO
B.		our answer to A is yes, describe each lawsuit by answering que tions 1 through 7 below. (If there is re than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1.	Parties to the previous lawsuit γ
		Plaintiff(s)
		Defendant(s)
	2.	Court (if federal court, name the district; if state court, name e county and State)
	3.	Docket or index number
	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending?
		Yes
		No
		If no, give the approximate date of disposition.
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
		$N \mid A$
C.	Ha	ve you filed other lawsuits in state or federal court otherwise reating to the conditions of your

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	Yes
	No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsus, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the pre /ious lawsuit
	Plaintiff(s)
	Defendant(s)
	2. Court (if federal sourt, name the district; if state court, name the county and State)
	W/A
	3. Docket or index number
	4. Name of Judge assigned to your case
	5. Approximate da e of filing lawsuit
	6. Is the case still pending?
	Yes
	I No
	If no, give the approximate date of disposition
	7. What was the re ult of the case? (For example: Was the case dismissed? Was judgment entered in your favor? 'as the case appealed?)
	m/p

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IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purvose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; 3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on f e with the Clerk's Office may result in the dismissal of my case.

Date of signing:	July 16 2022		
Signature of Plaintif Printed Name of Pla Prison Identification Prison Address	intiff HARON Edwar	State	Zip Code
B. For Attorneys Date of signing:			
Signature of Attorne Printed Name of Attorne Bar Number Name of Law Firm Address			
Telephone Number E-mail Address	City	State	Zip Code